

**In The United States Court of Federal Claims** **RECEIVED**

Dec 21 2017

**Cover Sheet**

**OFFICE OF THE CLERK  
U.S. COURT OF FEDERAL CLAIMS**

Plaintiff(s) or Petitioner(s)

Names: \_\_\_\_\_

Location of Plaintiff(s)/Petitioner(s) (city/state): \_\_\_\_\_

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Contact information for pro se plaintiff/petitioner or attorney of record:

**17-2017 C**

Post Office Box: \_\_\_\_\_

Street Address: \_\_\_\_\_

City-State-ZIP: \_\_\_\_\_

Telephone & Facsimile Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is the attorney of record admitted to the Court of Federal Claims Bar? ☐ Yes ☐ No

Nature of Suit Code: \_\_\_\_\_

Agency Identification Code: \_\_\_\_\_

Select only one (three digit) nature-of-suit code from the attached sheet. See attached sheet for three-digit codes. If number 213 is used, please identify partnership or partnership group:

Number of Claims Involved: \_\_\_\_\_

Amount Claimed: \$ \_\_\_\_\_  
Use estimate if specific amount is not pleaded.

Bid Protest:

Indicate approximate dollar amount of procurement at issue: \$ \_\_\_\_\_

Is plaintiff a small business? ☐ Yes ☐ No

Was this action preceded by the filing of a protest before the GAO? ☐ Yes ☐ No

If yes, was a decision on the merits rendered? ☐ Yes ☐ No

Takings Case:

Specify Location of Property (city/state): \_\_\_\_\_

Vaccine Case:

Date of Vaccination: \_\_\_\_\_

Related Case:

Is this case directly related to any pending or previous cases? ☐ Yes ☐ No

If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.